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Office

April 24, 1998

Donald Nunlist-Young, M.D.  
2567 Erie Avenue  
Cincinnati, Ohio 45208-2018

Re: Eric Jeffries

Dear Dr. Nunlist-Young:

Thank you very much for the referral of your patient, Mr. Jeffries, a 36 year old white male who states that he had always been in excellent health until last July, when he received two hepatitis vaccinations for foreign travel which he does through his job as a banker with Provident Bank. Within a week of the injections, he states, "something peculiar started happening in my body". He began to experience headaches, joint and muscle pain described as electric jolts shooting through my body, night sweats, and a heavy sensation in his limbs to the point that "my legs wouldn't work". His symptoms lasted for approximately 6 weeks in a severe fashion.

He saw an infectious disease specialist, Dr. Corwin Dunn, who felt that he was probably experiencing a viral syndrome. He had a lot of labwork done and states that lupus was ruled out, his sed rates were normal, and essentially no significant abnormalities turned up. He also admits to having a severe sore throat preceding and at the time that he received the hepatitis injections.

His symptoms gradually improved and he states that his motor skills got back to 100% of normal and his joint pain diminished by 80% in severity, but he continued to have mild intermittent arthralgias and myalgias. One week ago, he had somewhat of an increase in these symptoms, which have once again improved at this time. He was treated for an upper respiratory infection with an antibiotic a couple of months ago.

**REVIEW OF SYSTEMS:** He occasionally gets sores in his mouth. He has had no hair loss, sicca symptoms, dysphagia, skin rash, photosensitivity, recent fevers, chills, or night sweats. No chest pain, shortness of breath, sore throat, or weight loss. No history of psoriasis, colitis, or iritis, and no penile discharge.

**ALLERGIES:** None.

**MEDICATIONS:** Ibuprofen, 800 mg p.r.n.

**PAST MEDICAL HISTORY:** Fractured cervical vertebrae, no residual neurologic defect.

**SOCIAL HISTORY:** He travels at least monthly to Third World countries through his business. He does not smoke. He stops drinking every 6 months or so, otherwise drinks at least a beer and/or cocktail each evening. He states there is a fair amount of stress in his life. He does not get much exercise and his sleep is okay.

**FAMILY HISTORY:** His grandmother has degenerative arthritis. His sister may have lupus.

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*Whatever you do, do your work heartily, as for the Lord rather than for men. - Colossians 3:23*

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**PHYSICAL EXAMINATION:** Weight 263, blood pressure 112/90. The patient is a largely built white male in no acute distress. He is very friendly. HEENT: no alopecia, malar rash or nasopharyngeal ulcer. Neck supple without lymphadenopathy or thyromegaly. Lung sounds clear throughout. Heart sounds normal. Abdomen benign. No apparent skin rash or lymphadenopathy. No peripheral joint inflammation, i.e. no synovitis, effusion, heat, or loss of motion of any joint. He does have mild tightness and tenderness of his soft tissues, which is subtle however. No proximal muscle weakness, atrophy, or localizing neurologic sign.

**IMPRESSION:** 36 year old white male with generalized myalgias and atypical myofascial pain felt to represent a chronic benign pain syndrome, most likely related to his lifestyle as he does a lot of traveling overseas, flying around. He admits to a fair amount of stress in his life. He does not exercise routinely and has somewhat of a habitual alcohol use pattern. I can find no evidence of an inflammatory arthropathy, myopathy, or other connective tissue disease. It is noted that he apparently had a 6 week illness last summer which was felt to represent a viral syndrome by Dr. Dunn who evaluated him at that time. A lot of labwork apparently was done, including ANA, sed rate, and a rheumatoid factor, all of which were unremarkable.

**PLAN:** We will repeat a couple of things today, just for the sake of completeness, such as a sed rate, C-reactive protein, CPK, rheumatoid factor, and a CBC.

I discussed the general concept of myofascial pain with the patient and its relationship to lifestyle. I gave him several suggestions regarding exercise, improving sleep quality, the discontinuation of alcohol, etc. I do not feel that further rheumatologic evaluation or treatment is currently indicated.

Thank you for allowing me to participate in the evaluation and care of your patient.

Sincerely yours,

Deborah A. Fritz, M.D.

DAF:aem

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